

## **Demolition Of A Building - Appendix 2**

### **City Of Marlborough-Building Department**

For the demolition of structures the building permit applicant shall confirm that utility and other service connections are properly addressed (disconnected) to ensure for public safety.

Please fill in the information below and submit this appendix 2 with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location: \_\_\_\_\_  
(Street & No.)

City /Town	Zip	(Name of Building -if applicable)
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Assessors Map #	Block # and/or Lot #	

For the above described property the following action was taken and written confirmation the utilities that apply for this property have been properly disconnected:

- |  |  |  |
|--|--|--|
| A. <b>Water Shut Off?</b>                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>       | Provider notified and Release obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. <b>Gas Shut Off?</b>                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>       | Provider notified and Release obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. <b>Electricity Shut Off?</b>                              | Yes <input type="checkbox"/> No <input type="checkbox"/>       | Provider notified and Release obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. <b>Underground Storage Tank (527 CMR 11.5.1.10.5 (4))</b> | ----- Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| E. <b>If Yes-Has the Fire Department notified</b>            | ----- Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| F. _____   | Yes <input type="checkbox"/> No <input type="checkbox"/>       | Provider notified and Release obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> |
- Other (if applicable)

#### **ASBESTOS:**

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (Mass DEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos, containing materials (both non-friable and friable) that are present at the site and whether or not those materials will be impacted by the proposed work prior to conducting any renovation or demolition activity

The Building in Question has been investigated and or evaluated for containing Asbestos. It has been determined that.

1. **No Asbestos (Friable or non-friable) is present ----- ☐**
2. **Asbestos (Friable or non-friable) is present and must be removed - ☐**

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(Print - Name and address of company that conducted the Asbestos Survey-Attach Survey Results)

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(Print - Name and address of company that conducted the Asbestos Abatement-Attach Disposal Ticket)

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Signature of Building Owner or Permit Applicant acting as the owner's agent

Date